

COMPLAINANT INTERVIEW SHEET – PLEASE PRINT

DATE: _____

COMPLAINT NO. _____

COMPLAINANT (S):

NAME & AGE: _____

ADDRESS: _____

PHONE: (Home) _____ (Bus.) _____

NATURE OF COMPLAINT: (State in a few words, for example: Assault, bad check, etc.

When (Date and time) _____

Where: _____

DEFENDANT (S):

1. NAME & AGE _____

ADDRESS: _____

PHONE: (Home) _____ (Bus.) _____

2. NAME & AGE: _____

ADDRESS: _____

PHONE: (Home) _____ (Bus.) _____

WERE YOU RECOMMENDED TO APPEAR AT THE DISTRICT ATTORNEY'S OFFICE BY A

POLICEMAN? (Yes or no) _____ Name: _____ Pct.: _____

OR
BY AN ATTORNEY? (Yes or No) _____

IF YES, STATE NAME AND ADDRESS OF ATTORNEY

WAS ANY COMPLAINT MADE AGAINST YOU IN THIS MATTER WHICH REQUIRES YOU TO APPEAR
IN COURT? (Yes or No) _____

WITNESSES:

1. NAME & AGE: _____

ADDRESS: _____

PHONE: _____

WHAT WITNESS SAW & HEARD: _____

2. NAME & AGE: _____

ADDRESS: _____

PHONE: _____

WHAT WITNESS SAW & HEARD: _____

DEPOSITION

Date

Complaint No. _____

Complainant _____

Defendant _____

DETAILS OF COMPLAINT

Page No. _____

Note: Number each page and sign
the bottom of each page. Do not
write on the back of this page.

Any false statements made herein are punishable
as a Class A misdemeanor pursuant to Section
210.45 of the Penal Law of the State of New York

Signature of Complainant

Are you related in any way to the defendant? Yes _____ No _____

If the answer is yes, describe the relationship _____

Have you ever been married to the defendant? Yes _____ No _____

If the answer is yes, state the date and the manner in which the marriage was legally terminated _____

Do you have a child or children where you allege that the defendant is a biological parent? Yes _____ No _____

If the answer is yes, was paternity established? Yes _____ No _____

If paternity was not established, describe the reasons why _____

ANY FALSE STATEMENT KNOWINGLY MADE HEREIN IS A PUNISHABLE CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

Complainant

Date